WILLIAM M, MAGILL, Clerk
Melissa Kucserik,
First Assistant Clerk
Rebecca Silbernagel,
Second Assistant Clerk
Jeremy Weiss,
Journal Clerk
Dierdre Allen
Resolution Clerk
Chris Ditmeyer,

Clerk Assistant



House of Representatives
State House
Montpelier, VT05633-5501
Tel: (802) 828-2247
e-mail: hclerk@leg.state.vt.us

VERMONT HOUSE OF REPRESENTATIVES OFFICE OF THE CLERK

Name: House of Representatives Disclosure Form			
Name: JOHN PALASIK			
I serve on, or am a member of, the following regulated by law or that receive funding from	*	ommissions, or	Entities that are
	Remuneration		
Board, Entity, or Commission Name, and Position (e.g. Board Member, Board Chair)	No	Yes- Only Expenses e.g. mileage	Yes
Milton TOWN So lect bonD			STIPHOND
My Employer: Self Employed (Dunke of Selary disclosure not required)	acusty Om	, 4C)	
Signed this 10 day of \(\sqrt{ANYARY} \), 201	9		
Tru PALASIK			

Printed Name, please sign on back